## PART B - FEE(S) TRANSMITTAL

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Typed or printed name

Brenden S. Gingrich

APPLICATION NO.	FILING DATE	•	FIRST NAMED INVENTOR		TORNEY DOCKET NO.	CONFIRMATION NO.
10/830,071 04/23/2004 TITLE OF INVENTION: METHOD FOR TREATING OBES		TING OBESITY	Kishore M. Gadde		OREX.009C1	7687
TITLE OF INVENTION	. METHOD FOR TREP	TING OBESIT I				
APPLN. TYPE	SMALL ENTITY	ISSUE FEE DUE	PUBLICATION FEE DUE	PREV. PAID ISSUE FE	E TOTAL FEE(S) DU	E DATE DUE
nonprovisional	NO .	\$1440	\$300	\$0	\$1740	05/19/2008
EXAMINER		ART UNIT	CLASS-SUBCLASS			
HENLEY III,	RAYMOND J	1614	514-379000			
1. Change of correspondence address or indication of "Fee Address" (37 CF I. 1363).  Change of correspondence address (or Change of Correspondence Address form PTO/SBI 122) attached.  "Fee Address" indication (or "Fee Address" Indication form PTO/SBI47; Rev 03-02 or more recent) attached. Use of a Castomer Number is required.			2. For printing on the pused front page, list.  (1) the names of up to 3 registered patent attorneys or agents OR, alternatively, (2) the name of a single firm (having as a member a 2 registered patent attorneys or agents. If no assue is listed, to name will be printed.			
B. ASSIGNEE NAME A PLEASE NOTE: Unit recordation as set fort (A) NAME OF ASSIGNATION  (A) NAME OF ASSIGNATION  (A) PROPERTY OF ASSIGNATION  (B) ASSIGNEE NAME A  (C) ASSIGNATION  (C) ASSIGNATI	css an assignee is iden h in 37 CFR 3.11. Com	A TO BE PRINTED ON tified below, no assignce pletion of this form is NO	THE PATENT (print or ty data will appear on the p IT a substitute for filing an (B) RESIDENCE: (CITY	atent. If an assignce i assignment.	s identified below, the	document has been filed fo
Orexigen Thera	peutics, Inc.		San Diego, C.	. /		
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5. Change in Entity Sta  a. Applicant claim  NOTE: The Issue Fee an interest as shown by the	CMAIL ENTITY elet	us See 37 CFR 1.27.	D b. Applicant is no lon	ecr claiming SMALL	NTITY status. See 37 (	
Authorized Signature	RS	13:30	5.	Date3	14/08	

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